

# BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
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46							96			
47							97			
48							98			
49							99			
50							100			
Total							Total			
Indep							Indep			
Total							Total			
Depend							Depend			
Total							Total			
Claims							Claims			